

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/10/2019 18:13
Date Of Accident	31/08/2019 08:50
Exact Location Of Accident	BLOCK 419A YISHUN AVE 11 MSCP LEVEL 1B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1908D
Insured/Policyholder	
Name Of Registered Owner	KHO HUANG SING
NRIC No	S7481063B
Email Address	IVORY@CHIPENGSENG.COM.SG
Mobile Phone No	(LOCAL) +65-96809229
Alternative Phone No	Office-65401668

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100427396-04
Cover Note Number	

Driver

Name of Driver	KHO HUANG SING
NRIC No	S7481063B
Date Of Birth	08/03/1974
Occupation	INDOOR
Date Of Driving Pass	17/05/2003
Driving Experience	16 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96809229
Fax Number	
Contact Number	OFFICE-65401668
EMail Address	IVORY@CHIPENGSENG.COM.SG
Address	BLK 93 YISHUN STREET 81 #07-04
Postcode	768451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	REPORTING ONLY
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

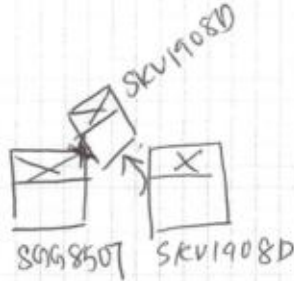
ON 31/08/2019 AT ABOUT 8.50AM AS I WAS TURNING OUT MY VEHICLE FROM THE PARKING LOT , MY VEHICLE SCRATCHED AGAINST THE VEHICLE ON MY LEFT SIDE (SGG850T). I GOT DOWN TO MAKE A CHECK AND THERE WERE SCRATCHES ON SGG850T RIGHT FRONT BUMPER . THERE WAS ON COMING VEHICLE FROM BEHIND AND I WAS BLOCKING THE DRIVEWAY . AS SUCH I DROVE AND DID NOT LEAVE ANY NOTE . THERE WAS NO PASSENGER IN SGG850T AT THE TIME OF ACCIDENT .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/08/2019 at about 8.50 am, as I was turning out my vehicle from the parking lot, my vehicle scratched against the vehicle on my left side (SGG850T). I got down to make a check and there were scratches on the SGG850T's right front bumper. There was no coming vehicle from behind and I was blocking the driveway. As such I drove off and did not leave any note. There was no passenger in SGG850T at the time of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Chloe Choo
9119 2138 HP

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CLAIM FORM



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 193405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H

Accident Statement

☐ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident: 31/08/2019
Time of Accident (24hr format): 08:50
Exact Location of Accident: BIK 419 A Yishun Ave 11 MSCPL Level 1B

Own Vehicle Details

Vehicle Registration Number: SKV 1908D
INSURED/ POLICY HOLDER (OWN VEHICLE)
Name of Registered Owner: ☒ Individual ☐ Company
Kho Huang Sing
ID of Registered Owner: ☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN
S7481063B

Vehicle Particulars (Own Vehicle)

Model: Mitsubishi Outlander 2.4 CVT
Exact purpose for which vehicle was being used at the time of accident:
Are you claiming under your own Ins. Policy: ☐ Yes ☐ 3rd Party ☒ Reporting Only
Vehicle Category: ☒ Private Car ☐ Comm Veh ☐ Goods Veh ☐ Motor Trade ☐ Government

Insurance Company (Own Vehicle)

Insurance Company: AIG
Type of Coverage: Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy: ☐ Yes ☐ No
Policy Number / Cover Note Number:

Driver

Name of Driver: Kho Huang Sing
ID of Driver: ☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN
S7481063B
Date of Birth: 08/03/1974
Occupation: ☒ Indoor ☐ Outdoor
Driving Pass Date: / /
Gender: ☐ Male ☒ Female ☐ Not Specified
Mobile Phone No.: 96809229
Office / Home / Other Numbers: 65401668
Home Address: 93 Yishun St 81 07-04 S768451
Email Address: ivory@chipengseng.com.sg
Was Driver an employee of the Insured's Company: ☐ Yes ☒ No ☐ Reason: _____
Does the driver own any other vehicle? ☒ No ☐ Yes
If YES, please indicate driver's own car vehicle number and insurance:
Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

CLAIM FORM

General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Foreign Vehicle Registration Number			
Foreign Vehicle Category			
Number of vehicles involved in the accident			
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was the accident reported to the police?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
If Yes, against whom?			
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)			
Passenger (Name and Gender)			
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	544 8501		
Vehicle Make/ Model/ Colour	Nissan Teana 2.5 CVT		
Details of Property Damaged in Accident			
Vehicle Category			
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number			
Name of Insurance Company			
Nature of Damage			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Details of Injured Person			
Name			
Injury Sustained			
Injured person is on which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE: *[Signature]*

CLAIM FORM

1) Number of Passengers in Vehicle A (Including driver)? _____

Passenger 1

Name : Kho Huang Sing

Gender : M / ☒ F

Passenger 2

Name : _____

Gender : M / F

Passenger 3

Name : _____

Gender : M / F

Passenger 4

Name : _____

Gender : M / F

Passenger 5

Name : _____

Gender : M / F

Passenger 6

Name : _____

Gender : M / F

Passenger 7

Name : _____

Gender : M / F

CLAIM FORM

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

x 

Policyholder's Signature
Date & Time:

x 

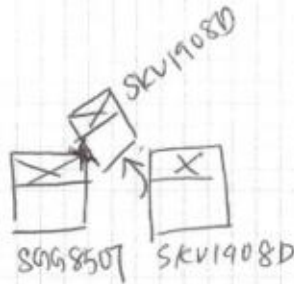
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Chloe Choo
9119 2138 HP


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CLAIM FORM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/08/2019 at about 8.50 am, as I was turning out my vehicle from the parking lot, my vehicle scratched against the vehicle on my left side (SGG850T). I got down to make a check and there were scratches on the SGG850T's right front bumper. There was no coming vehicle from behind and I was blocking the driveway. As such I drove off and did not leave any note. There was no passenger in SGG850T at the time of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Chloe Choo
9119 2138 HP

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



FOR C&C USE ONLY

CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kho Huang Sing
 Period of Insurance : 01 Sep 2019 To 31 Aug 2020
 Engine No. : 4B12PY8932
 Chassis No. : JMYXTGF3WGZ001231

Vehicle No. : SKV1908D
 Policy No. : 2100427396-04
 Endorsement No. :
 Issued Date : 16 Aug 2019

ABOUT THE COVER

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT
 Engine Capacity/Tonnage : 2,360.00 CC Sum Insured : Market Value First Year of Registration : 2015
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes
 Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kho Huang Sing - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69329000
 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708888
 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
 4 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 509339 62684501

For after Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

(We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

0500722789

C&C FULCO-CTOH(MIT)

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SOPHIA

IC & DRIVING LICENSE

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7481063B

Name: KHO HUANG SING

Birth Date: 08 Mar 1974

Issue Date: 17 May 2003

000486055H

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7481063B

Name: KHO HUANG SING

許婉心

Race: CHINESE

Date of Birth: 08-03-1974

Sex: F

Country of Birth: MALAYSIA

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 17 May 2003

Licence No: S7481063B

NP 425A

FOR C&C USE ONLY

043241

NRIC No: S7481063B

Nationality: MALAYSIAN

Blood Group: B+

Date of Issue: 27-12-2001

APT BLK 93 YISHUN STREET #1 #07-04
SINGAPORE 768451

NRIC No: S7481063B Date: 30/10/2011 No: 6857533

SKV1908D



SKV1908D



SKV1908D



SKV1908D



SKV1908D



SKV1908D



SKV1908D

